

Rush - ship Wed March 6 !

95700

Work Order ID 95700

January-17-13 1:38:15 PM

Page 1

Item ID: D3189-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Chafing Shield(send DSI9629 with spares)

Stop

NS2

Start Date: 1/16/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 1/30/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-01-18 Tooling:

Date:

Run Start

NR1

Stop

NR2

QC:

Date: SPC (Y/N):

Date:

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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D3189	C								
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100		0.00							
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100	SHEAR								
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Waterjet	Memo	0.00							
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FLOW CNC Waterjet	I-Cut as per Dwg Dwg Rev: <u>C</u> Prog Rev: <u>C</u>								
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2-Deburr if necessary

103	QC2- Inspect parts off machine FAI/FAIB	0.00							
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103									
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QC	Memo	0.00							
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Quality Control									
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DAS
05
9-09 13-03-05

DAS
05
9-09 13-03-05

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

Work Order ID 95700***95700***

Page 2

January-17-13 1:38:15 PM

Item ID: D3189-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Chafing Shield(send DSI9629 with spares)

Stop

NS2

Start Date: 1/16/13

Start Qty: 12.00

12

Cust Item ID:

Required Date: 1/30/13

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
105 *105* QC	QC8- Inspect parts - second check Memo	0.00							(D) 13-03-05 (DAS 09 9-89)
Quality Control		0.00							
110 *110* Small Fab	Small Fab Memo	0.00							S 13-03-05
Small Fab		0.00							
120 *120* QC	QC5- Inspect part completeness to step on W/O Quality Control	0.00							(D) 13-03-05 (DAS 09 9-89)
Memo		0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	Grain			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S				BOM/Route	Hardware			Over/Under tolerance	Temperature/Cure		
Cracks				Broken/Damaged	Inspection Incomplete			Part Incorrect	Weld		
Crushed/Crimped.				Burrs	Instruction's Incomplete/Unclear			Part Lost/Missing	Wrong Stock Pulled		
Cuffs				Contamination	Maintenance			Part Moved			
Heat Treat				Countersink	Mislabeled			Positioned Wrong			
Inspection Strip in Tube				Cut Too Short	Misread			Power Loss/Surge			
Ripples in Bend				Drill Holes	Offset						
Torque Waves in Extrusion				Drawing	Out of Calibration						
Turning Sequence				Finish	Out of Sequence						
Wave/Twist in Tube				Folio	Outside Dimensions						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			<input type="checkbox"/> Rework	<input type="checkbox"/> Skid-tube	<input type="checkbox"/> Crosstube	<input type="checkbox"/> Water Jet	<input type="checkbox"/> Engineering			
			<input type="checkbox"/> Scrap	<input type="checkbox"/> Machining	<input type="checkbox"/> Small Fab	<input type="checkbox"/> Prod. Eng. Coor.	<input type="checkbox"/> Quality			
			<input type="checkbox"/> Use-as-is	<input type="checkbox"/> Thermoforming	<input type="checkbox"/> Finishing	<input type="checkbox"/> Rec/Store/Packaging	<input type="checkbox"/> Other			
			<input type="checkbox"/> Work Order Update	<input type="checkbox"/> Large Fab	<input type="checkbox"/> Composite	<input type="checkbox"/> Supplier				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced		
<input type="checkbox"/> Centre Not Concentric to O/S				<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure			
<input type="checkbox"/> Cracks				<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld			
<input type="checkbox"/> Crushed/Crimped.				<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled			
<input type="checkbox"/> Cuffs				<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved				
<input type="checkbox"/> Heat Treat				<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong				
<input type="checkbox"/> Inspection Strip in Tube				<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge				
<input type="checkbox"/> Ripples in Bend				<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset					
<input type="checkbox"/> Torque Waves in Extrusion				<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration					
<input type="checkbox"/> Turning Sequence				<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence					
<input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions					

Picklist Print

January-17-13 1:38:15 PM

Page 1

Work Order ID: 95700
Parent Item: D3189-1
Parent Item Name: Chafing Shield(send DSI9629 with spares)

Start Date: 1/16/13 Required Date: 1/30/13
Start Qty: 12.00 Required Qty: 12.00

Comments: IPP B05.08.22 No longer made in-house KJ/JLM
IPP Rev:C 06-03-24 Rolling Now made in House JLM
IPP Rev:D 07-04-16 As per Rev B JLM
waterjet DD verf:JLM

IPP Rev:E 11.05.11 now made on

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S25GA 304/316 .020" Sheet		Purchased	No			100	sf	0.0000	0.32	4.0421052		WL 13.03.05	

B# 107244

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS										
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
NCR No. _____		Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Quality <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data	<input type="checkbox"/>														
Equip/Tooling	<input type="checkbox"/>														
Operator	<input type="checkbox"/>														
Material	<input type="checkbox"/>														
Setup	<input type="checkbox"/>														
Other	<input type="checkbox"/>														
Process	<input type="checkbox"/>														
Supplier	<input type="checkbox"/>														
Training	<input type="checkbox"/>														
Unapproved	<input type="checkbox"/>														
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

DART AEROSPACE LTD	Work Order:	95700
Description: Chafing Shield	Part Number:	D3189-1
Inspection Dwg: D3189 Rev: C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

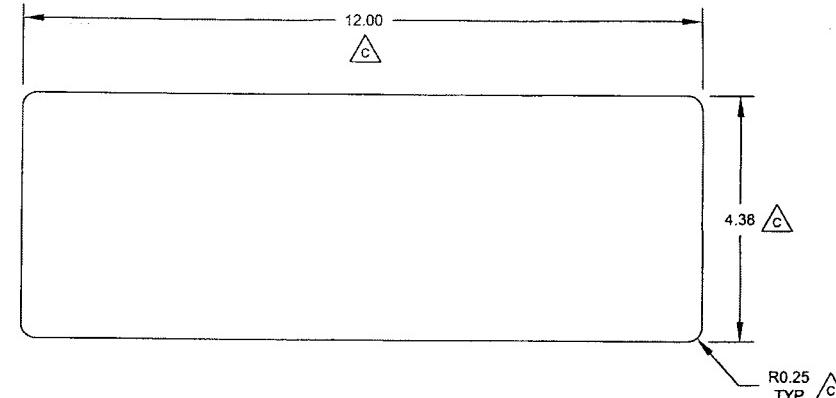
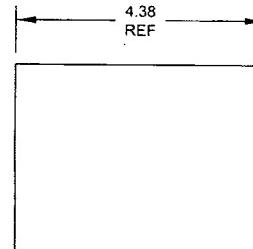
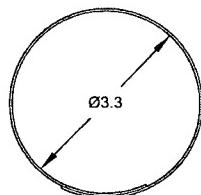
Measured by:	<i>W.W.</i>	Audited by:	<i>09 8-89</i>	Preliminary Approval:	
Date:	<i>13.03.05</i>	Date:	<i>13.03.05</i>	Date:	

Rev	Date	Change	Revised by	Approved
A	11.06.21	New Issue	KJ	
B	12.09.26	Dimensions updated per Dwg Rev C	KJ	

8 1 7 1 6 1 5 1 4 1 3 1 2 1 1

D

D



D3189-1 CHAFING SHIELD
(ROLL D3189-1F AS SHOWN)

D3189-1F FLAT PATTERN

RELEASED
2012-09-04
WWD

B

B

A

A

NOTES:

- 1) MATERIAL: AISI 304/316 SS 0.020" THICK (REF. DART SPEC M304S25GA)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.30 lbs

UNCONTRACTUAL
SPECIFICATIONS

REV. C

SIZE

STL

ENG

UNCONTRACTUAL
SPECIFICATIONS

REV. C

SIZE

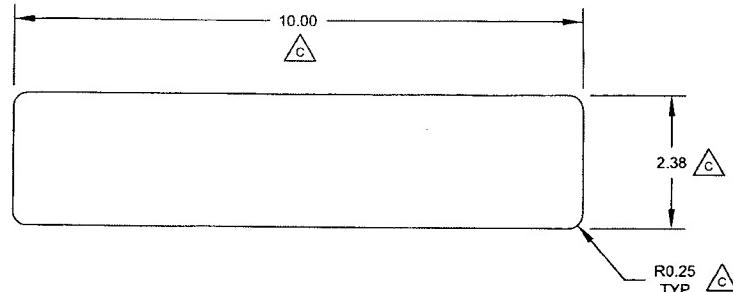
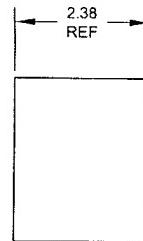
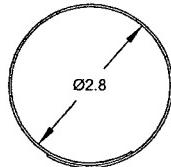
STL

95700

8 7 6 5 4 3 2 1

D

D

D3189-3F FLAT PATTERN

D3189-3 CHAFING SHIELD
(ROLL D3189-3F AS SHOWN)

B

B

A

A

NOTES:

- 1) MATERIAL: AISI 304/316 SS 0.020" THICK (REF. DART SPEC M304S25GA)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.13 lbs

8 7 6 5 4 3 2 1

RELEASED
2012-09-04
JNP

DESIGN	9P	DART AEROSPACE LTD	
DRAWN	9P	HAWKESBURY, ONTARIO, CANADA	
CHECKED		REV. C	
MFG. APPR.		DRAWING NO. D3189	
APPROVED		SHEET 2 OF 2	
DE APPR.		TITLE CHAFING SHIELD	
DATE	12.08.14	SCALE NTS	

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